



Request for Consideration form

Students who miss an assessment task due to illness or misadventure must complete this form and submit it with supporting documentation to the External Provider on the first day of their return.

Student details

Family Name: _____

First Name: _____

Course: **Yr 11 Preliminary Italian Beginners** **HSC Italian Beginners**

Class Teacher Name: _____

Task details

Assessment task: _____ Due date of task: _____ / _____ / _____

Reason for absence: _____

— Evidence provided: Medical certificate Police report Signed note from parent/carer
 Other (please specify) _____

Student declaration

Student signature: _____ Date: _____ / _____ / _____

Parent/carer signature: _____ Date: _____ / _____ / _____

Home school - Curriculum Coordinator recommendation

Recommendation: **Supported** **Not supported**

Comment: _____

Home school Curriculum Coordinator signature: _____ Date: _____ / _____ / _____

External Provider - Head Teacher recommendation

Recommendation: **Supported** **Not supported**

Comment: _____

Submitting a Request for Consideration

In line with NESA procedures, Marco Polo - The Italian School of Sydney advises that students attend examinations and submit assessment tasks unless it is considered detrimental to their health. Students who are unwell must seek independent medical advice either immediately before or after each task and present a medical certificate to the centre supervisor on their first Saturday back at school. Students who experience misadventure must have a signed report of the event completed by a relevant person (such as a police officer or counsellor).

The person completing Section A or B must NOT be related to the student. Supporting documentation **must cover the Saturday that the assessment task was missed** by the student. Medical certificates that do not cover the appropriate dates will not be accepted as valid supporting documentation.

Section A: Illness

Independent evidence of illness: to be completed by a medical practitioner

Please attach medical certificate to this application, ensuring it includes:

1. Diagnosis of medical condition
2. Details of onset of the condition
3. Date(s) and time(s) of all consultations/meetings relating to this condition
4. Description of how the student's condition/symptoms could affect their examination performance or ability to complete a task
5. Any other comments or information which may assist in the assessment of the student's appeal.

Please note that a medical certificate stating only 'illness' will not be accepted. Any fee for providing this report is the responsibility of the student. For further information refer to *NESA Assessment Certificate Examination (ACE) 11003 Procedures for lodging an appeal*.

Section B: Misadventure

Independent evidence of misadventure: to be completed by a relevant person

Please attach report to this application, ensuring it includes:

1. Date of misadventure
2. Description of event
3. Description of how the event could affect the student's examination performance or ability to complete a task
4. Any other comments or information which may assist in the assessment of the student's appeal.

The report must also indicate whether:

1. The person completing the report was a witness to the event and if not, how the person completing the report obtained the evidence they provided
2. The person completing the report is known to the student and if yes, what is the nature of their relationship.

Office use only

Approved: _____

Comments: _____

Date: _____

External provider details

Provider Name: Marco Polo - The Italian School of Sydney

A.B.N: 54 667 829 341

Address: 1 Coolatai Crescent, Bossley Park NSW 2176

Contact Person: Giovanni Testa (Executive Officer)

Email: learning@cnansw.org.au